

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

**FILED  
U.S. BANKRUPTCY COURT**

**2021 MAY 14 P 2:46**

**S.D. OF N.Y.**

**Robert Van Wilkie  
250 Pleasantview Loop  
Morganton NC 28655**

<b>In re:</b>  <b>PURDUE PHARMA L.P., et al., Debtors</b>	<b>Case No. 19-23649</b>  <b>OPPOSITION RESPONSE TO DEBTORS MOTION TO DENY</b>
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**COMES NOW** the above-entitled claimant Robert V Wilkie pursuant to the local Federal Rules of Bankruptcy Procedure moves and prays this court for an order granting a correction of creditors claim as set forth below.

The debtor stated in their letter to the court that they offered to help the creditor amend his claim this isn't exactly true however the debtor did offer to allow the creditor to upload another claim into which would have been outside the courts' bar date moreover, the creditor is seeking court approval to correct the creditors claim not to amend the creditors claim.

The most concerning is when the creditor was filling out his claim was when the creditor checked OxyContin in section 13 this glitch also checked unknown drugs in section 14 and when the creditor unchecked unknown drugs in section 14 this glitch would uncheck OxyContin in section 13 and during the submission process, this glitch checked a host of generic drugs in section 14 drugs that Purdue does not manufacture therefore not liable for. Furthermore, in the debtors' motion, the debtor did not address the glitch checking the generic drugs in section 14 of the claim and the description of what was checked in section 14 in the debtors' motion was vague.

Also, the debtor guaranteed the court that the glitch would not prejudice any creditors; this isn't true any wrongful information that was entered will prejudice the creditor. For instance, if a computer analyzes the claims to see if the claims meet the criteria for filing a credible claim and the claim has false information on it the claim may be rejected prejudicing the creditor or the debtor may object to all or part of the creditors' allegations because the debtor isn't going to handpick through all of the claims that were filed taking into account the large number of claims that were filed a computer will be analyzing the claims and as stated above the debtor isn't liable for unknown drugs or drugs the debtor does not manufacture and this

is what this glitch checked on section 14 (unknown drugs) and on section 14 this glitch checks generic drugs drugs that Purdue does not manufacturers furthermore the questions on line 14 of the claim are not ambiguous these questions are there for a specific reason.

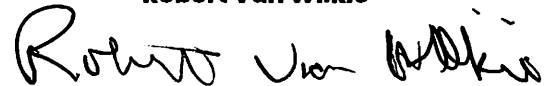
## CONCLUSION

Purdue perpetuated a massive fraud on the American people (Exhibit B) and they are allowed to file for bankruptcy when the better part of their leadership should be behind bars. The debtor isn't exactly trustworthy so, therefore, this is why the creditor turned to the trustworthiness of the court to ensure that the creditors claim is properly filed and this is why the creditor's petition should be granted.

Respectfully submitted

Mm 05 dd 11 yyyy 2021

**Robert Van Wilkie**



250 Pleasantview Loop  
Morganton NC 28655  
[Robert.V.Wilkie.NC9@gmail.com](mailto:Robert.V.Wilkie.NC9@gmail.com)  
Ph: 828 334 3149

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,  
Debtors.

Chapter 11

Case No. 19-23649 (RDD)  
(Jointly Administered)

Personal Injury Claimant Proof of Claim Form  
(Including Parents and Guardians)

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential future personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages.

Do not use this form to assert only a non-personal injury claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids. File such claims on a General Opioid Claimant Proof of Claim Form. However, if You have a claim against the Debtors based on or involving the production, marketing and sale of opioids, in addition to Your claim based on personal injury, You may include information related to that claim on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of this form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410).

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Creditors may include parents, foster parents, and guardians submitting claims on behalf of minors with Neonatal Abstinence Syndrome ("NAS"). Instructions and definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect.

Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with the form shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, all pages of the Personal Injury Claimant Proof of Claim Form and supporting documentation shall be treated as highly confidential and made available only to Prime Clerk, the Court and to those that agree to be bound by the Protective Order.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Please note that supporting documentation is requested in certain portions of the form. Please provide the requested information to the best of Your ability. At Your discretion, You may also provide additional information to supplement Your claim in any manner available to You.

Do not send original documents, as they will not be returned, and they may be destroyed after scanning.

Part 1: Identify the Claim

1. Who is the creditor?

Robert Van Wilkie

Name of the individual to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden or other names used:

If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If you are submitting a claim on behalf of a minor, are You the Legal Guardian?

☐ No

☐ Yes

<p>2. What is the year of birth, gender, and last 4 digits of the social security number of the creditor (or injured person, if the claim is based on the personal injury of another)?</p>	<p>Year of Birth: <u>1966</u></p> <p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Last 4 Digits of Social Security Number (if available): XXX-XX-<u>6</u><u>9</u><u>7</u><u>2</u></p>
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent? _____</p> <p>Where should payments to the creditor be sent? (if different) _____</p>
<p>Contact phone <u>828 334 3149</u></p> <p>Contact email _____</p>	
<p>Contact phone _____</p> <p>Contact email <u>Robert.V.Wilkie.NC9@Gmail.com</u></p>	
<p>4. Does this claim amend one already filed?</p>	<p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p>
<p>Filed on <u>06/27/2020</u></p> <p>MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>
<p><b>Part 2: Attorney Information (Optional)</b></p>	
<p>6. Are You represented by an attorney in this matter?</p> <p>You do not need an attorney to file this form.</p>	<p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, please provide the following information:</p> <p>Law Firm Name _____</p> <p>Attorney Name _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____ Contact email _____</p>
<p><b>Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim</b></p>	
<p>7. How much is the claim?</p>	<p>\$ _____ or</p> <p><input type="checkbox"/> Unknown.</p>
<p>8. Select all that apply to You.</p>	<p><input checked="" type="checkbox"/> Creditor has been injured by use of an opioid.</p> <p><input type="checkbox"/> Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an opioid.</p> <p><input type="checkbox"/> Creditor has a claim arising out of another person's use of an opioid. <i>Please answer all questions in Part 4 as if that person (the injured person) is filling out the form.</i></p> <p><input type="checkbox"/> Creditor is submitting a claim on behalf of a minor with NAS. <i>Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).</i></p>

9. Briefly describe the type of injury alleged from Your use or another person's use of an opioid. Select all that apply.

Attach additional sheets if necessary.

- ☐ Death
- ☒ Overdose
- ☒ Addiction/Dependence/Substance Use Disorder
- ☒ Lost Wages/Earning Capacity
- ☐ Loss of Consortium
- ☐ NAS-related
  - ☐ Learning Disability
  - ☐ Spina Bifida
  - ☐ Developmental Disability
  - ☐ Heart Defects
  - ☐ Congenital Defects or Malformations
- ☐ Expenses for Treatment
- ☒ Other (describe):

10. Describe the basis for Your claim, including all alleged causes of action, sources of damages, etc., You are asserting against the Debtors.

Attach additional sheets if necessary.

11. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek. Check as many boxes as are applicable.

- ☒ Compensatory: \$ 350,000.00 or ☐ Unknown  
(for example, lost wages, pain and suffering, expenses not reimbursed, loss of consortium, etc.)
- ☒ Punitive: \$ \_\_\_\_\_ or ☒ Unknown
- ☐ Other (describe):

12. Have You ever filed a lawsuit against any of the Debtors at any time?

- ☒ No  
☐ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption: \_\_\_\_\_

Court and Case/Docket Number: \_\_\_\_\_

**Attorney Information:**

Law Firm Name \_\_\_\_\_

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

**Part 4:**

**Information About Opioid Use**

If You have a claim arising out of another person's use of an opioid, please answer these questions as if the injured person is filling out the form. If You are submitting a claim on behalf of a minor with NAS, please answer these questions as if the birth mother of the minor is filling out the form (to the extent such information is available to You).

13. Were You prescribed or administered a Purdue brand name opioid by a healthcare professional?

☐ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☒ Yes. If yes, please provide the following information to the extent reasonably available:

**Please identify the Purdue brand name opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.**

☒ Butrans®

☒ OxyContin®

☐ DHC Plus®

☐ OxyFast®

☒ Dilaudid®

☒ OxyIR®

☐ Hysingla ER®

☐ Palladone®

☒ MS Contin®

☒ Ryzolt

☐ MSIR®

14. Were You ever prescribed or administered any opioid (other than a Purdue brand name opioid) by a healthcare professional?

☒ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☒ Yes. If yes, please provide the following information to the extent reasonably available:

Non-Purdue Brand Name Opioid, if known: \_\_\_\_\_

**Please identify the generic opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.**

☒ Buprenorphine transdermal system

☒ Oxycodone extended-release tablets

☐ Hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®)

☐ Oxycodone immediate-release tablets

☒ Hydromorphone immediate-release tablets

☒ Oxycodone and acetaminophen tablets (generic to Percocet®)

☐ Hydromorphone oral solution

☐ Tramadol extended-release tablets

☒ Morphine extended-release tablets

☐ Other Generic: \_\_\_\_\_

**Part 5:** Other (Non-Personal Injury) Opioid-Related Claims

15. Do You believe You have any other claims against the Debtors based on or involving the Debtors' production, marketing and sale of Purdue Opioids that are not based on a personal injury?

☐ No.

☒ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

16. How much is the claim?

\$

or

☒

Unknown.

**Part 6:** Supporting Documentation

17. Please provide the following supporting documentation if You would like (but You are not required) to supplement this proof of claim.

- ☒ Provide any documents supporting Your claim, including but not limited to: any complaint that You have filed against the Debtor(s), prescriptions, pharmacy records or statements showing prescriptions, or any records supporting Your claims of damages.

**Part 7:** Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized agent.

☐ Other (describe): \_\_\_\_\_

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Robert Van Wilkie

Robert Van Wilkie (Apr 28, 2020 18:05 EDT)

Email: Robert.V.Wilkie.NC9@Gmail.com

Signature

Print the name of the person who is completing and signing this claim:

Name	Robert Van Wilkie		
	First name	Middle name	Last name
Title	250 Pleasantview Loop		
Company	N/A		
Address	250 Pleasantview Loop		
	Number	Street	
	Morganton	NC	28655
	City	State	ZIP Code
Contact phone	828 334 3149		Email
			Robert.V.Wilkie.NC9@Gmail.com

**Attach Supporting Documentation** (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☒ I have supporting documentation.  
(attach below)

☐ I do not have supporting documentation.



Attachment

**PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.**

**IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION** When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.



## Instructions for Personal Injury Claimant Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- ❑ Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form.
- ❑ If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- ❑ Attach any available supporting documents to this form. Attach copies of any documents that show that the debt exists, a lien secures the debt, or both.  
  
Also attach copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- ❑ Do not attach original documents because they will not be returned and may be destroyed after scanning.
- ❑ A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- ❑ A parent, foster parent, or guardian may complete this form on behalf of a minor child if there is reason to believe that the birth mother may have taken opioid products.
- ❑ For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- ❑ Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

- ❑ The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- ❑ The words "and" and "or" should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- ❑ After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- ❑ **Purdue Pharma (Canada) is not a debtor in this case. If Your claim is against only Purdue Pharma (Canada), You do not have a claim in this case and should not file and submit this form.**

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may also call Prime Clerk at (844) 217-0912, send an inquiry to [purduepharmainfo@primeclerk.com](mailto:purduepharmainfo@primeclerk.com), or submit an inquiry or live chat with Prime Clerk through the case website at [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

### Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Purdue Opioid** means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term “Purdue Opioid(s)” shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

### You may also file your claim electronically at

[PurduePharmaClaims.com](https://PurduePharmaClaims.com) via the link entitled “Submit a Claim.”

**Do not file these instructions with your form**

## **EXHIBIT B**

**AFF 1**

1

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re  <b>PURDUE PHARMA L.P., <i>et al.</i>, Debtors</b>	Case No. 19-23649  <b>AFFIDAVIT</b>
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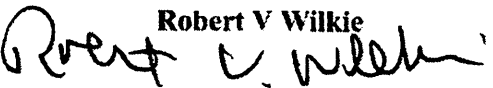
I Robert V Wilkie declare and certify this Affidavit is made from personal knowledge and the afford-going is a statement of Truth.

I Robert V Wilkie attest and affirm as set forth in my claim Purdue's deceptive marketing scheme was the direct cause of my addiction to OxyContin and psychological illnesses. I suffered injuries because of Purdue's deceptive marketing scheme as set forth in my claim.

I Robert V Wilkie. The undersigned am over the age of 18.

I Robert V Wilkie declare and Certify I'm the affiant and I'm competent to testify in the matters stated therein.

Respectfully submitted on the 28<sup>th</sup> day of June 2020

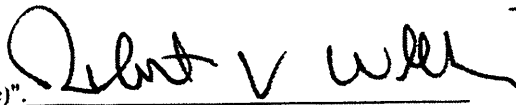
 Robert V Wilkie

250 Pleasanrview Loop  
Morganton NC 28655  
Robert.V.Wilkie.NC9@gmail.com  
Hm ph: (282) 334 3149

**AFF 1**

2

(1) If executed within the United States, its territories, possessions, or commonwealths:  
declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and  
correct. Executed on 26-28-20-20

Signature)   
Robert V Wilkie

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H.R. REP. NO. 94-1616, at 1 (1976), as reprinted in 1976 U.S.C.C.A.N. 5644, 5645.  
6 Closten, supra note 2, at 697.

28 U.S.C. § 1746 (2000) (added Oct. 18, 1976, by Pub. L. No. 94-550, § 1(a), 90 Stat.  
2534) provides:

Wherever, under any law of the United States or under any rule, regulation, order, or  
requirement made pursuant to law, any matter is required or permitted to be supported,  
evidenced, established, or proved by the sworn declaration, verification, certificate,  
statement, oath, or affidavit, in writing of the person making the same (other than a  
deposition, or an oath of office, or an oath required to be taken before a specified  
official other than a notary public), such matter may, with like force and effect, be  
supported, evidenced, established, or proved by the unsworn declaration, certificate,  
verification, or statement, in writing of such person which is subscribed by him, as  
true under penalty of perjury, and dated, in substantially the following form:

(1) If executed without the United States: "I declare (or certify, verify, or state) under  
penalty of perjury under the laws of the UNITED STATES, Wherever, under any law of the United States or  
under any rule, regulation, order, or requirement made pursuant to law, any matter is required or permitted to be  
supported, evidenced, established, or proved by the sworn declaration, verification, certificate, statement, oath,  
or affidavit, in writing of the person making the same (other than a deposition, or an oath of office, or an oath  
required to be taken before a specified official other than a notary public), such matter may, with like force and  
effect, be supported, evidence, established, or proved by the unsworn declaration, certificate, verification, or  
statement, in writing of such person which is subscribed by him, as true under penalty of perjury, and dated, in  
substantially the following form:

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

<b>In re:</b>  <b>PURDUE PHARMA L.P., <i>et al.</i>, Debtors</b>	<b>Case No. 19-23649</b>  <b>CLAIM COUNTS</b> <b>1. FRAUD</b> <b>2. NEGLIGENCE</b>
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**FIRST CAUSE OF ACTION:  
FRAUD:**

1. Between the years of March 1998 through August 2002 Purdue representatives fraudulently misrepresented the facts of their 20mg and 40mg OxyContin to claimant Wilkies' doctor stating to claimants' doctor that studies showed OxyContin was not as addictive because the Oxycodone was in a long-lasting form(OxyContin).
2. Purdue representatives also falsely and fraudulently represented to claimant Wilkies' doctor that studies show if the patient continues to request higher amounts of OxyContin it was because the patient was in pain and not because of addiction. Moreover, Purdue representatives continued to falsely and fraudulently perpetuate to claimants' doctor that the risk of addiction was extremely low.
3. The representations made by Purdue representatives were in fact false. The true facts were that Purdue studies showed that OxyContin was as highly addictive as Oxycodone and when people continued to request higher doses of OxyContin from their doctors it was because of addiction
4. When Purdue representatives made these representations, they knew them to be false, and these representations were made by Purdue representatives with the intent to defraud and deceive the claimants' doctor and with the intent to induce claimants' doctor to act in a manner herein alleged.

5. The representations made by Purdue representatives in fact were false. The true facts were that Purdue studies showed that OxyContin was highly addictive. At the time Purdue representatives made these promises to the claimant's doctor as set forth above Purdue representatives had no intention to provide claimants' doctor with truthful data.

6. Claimants' doctor at the time these promises were made as set forth above and at the time claimants' doctor took the actions herein alleged, was ignorant of the debtors' secret intention not to perform and the claimants' doctor could not, in the exercise of reasonable diligence, have discovered debtors' secret intention.

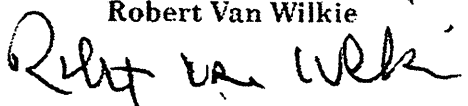
7. In reliance on these representations, the claimants' doctor was induced to and did prescribe high doses of OxyContin to the claimant causing the claimant to become highly addicted to OxyContin in-turn causing the claimant to become hospitalized numerous times for severe withdrawal resulting in a number of psychological disorder diagnosis for severe depression, Bi-polar disorder, and Schizoaffective disorder as a result of the severe withdrawals and the psychological disorders the claimant was not able to function losing jobs or not able to accept jobs and financial opportunities causing the claimant to lose income. Had the claimants' doctor known the actual facts, he would not have taken such action.

8. As a proximate result of the debtors' fraud and deceit and the facts herein alleged, the claimant was harmed by reason of which the claimant has been damaged in the sum of \$350,000.00. In doing the acts herein alleged, Prudue representatives acted with oppression, fraud, and malice, and the claimant is entitled to punitive damages in a sum this Hon. Court deems appropriate not to exceed 258,000,00 pursuant to NCGS 1D. Rhyne v. K-Mart Corp., 358 N.C. 160 (N.C. 2004 )Stanback v. Stanback, 297 N.C. 181 (N.C. 1979).

**SECOND CAUSE OF ACTION:  
NEGLIGENCE:**

1. Purdue representatives owed a duty of care to provide truthful and sufficient data from their studies to claimants doctor as set forth above.
2. Purdue representatives breached their care of duty when they provided claimants doctor with false and fraudulent data as a result of their deceitful conduct and the trust and reliance, claimants doctor placed in Purdue representatives fraudulent data caused claimants doctor to prescribe high doses of OxyContin ultimately leading to claimants severe addiction and psychological problems as set forth above.
3. Purdue representatives breach of their care of duty directly and proximately caused injury to the claimant as set forth above resulting damages of \$350,000.00 in mental anguish with chronic depression, severe withdrawals, and addiction resulting in psychological disorders of severe depression, Bi-polar disorder, and Schizoaffective disorder.

Respectfully submitted on the 27<sup>th</sup> day of June 2020

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**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

<b>In re:</b>  <b>PURDUE PHARMA L.P., et al., Debtors</b>	<b>Case No. 19-23649</b>  <b>CERTIFICATE OF SERVICES</b>
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This is to certify that on this date 05/11/2021 the (pro se Practitioner) and the undersigned have served or caused afford going motion or letter along with this Certificate of Services, upon all parties by depositing a copy of the same in postage-paid envelope, addressed to the parties herein named, returned address indicated to the place and address stated below, into which is the last known address and by depositing said envelope in the. United States Post Office.

I certify that on May 11th, 2021 I served a complete copy of this letter brief on all parties, addressed as set forth below.

Davis Polk & Wardwell LLP 450 Lexington Avenue New York, NY 10017 <a href="https://www.davispolk.com/">https://www.davispolk.com/</a> Phone: 212.450.4000 Fax: 212.701.5800	MORGAN & MORGAN P.A. AMANDA PETERSON, Esq 90 Broad Street, Suite 1011 New York, NY 10004 212 564 4568
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